

U.S. Department of Justice  
United States Marshals ServiceSee Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

## PLAINTIFF

JULIO MONTANO

## COURT CASE NUMBER

14-CV-1345

## DEFENDANT

C. ENWERELIZOR

## TYPE OF PROCESS

Subpoena &amp; Complaint

## SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

C. ENWERELIZOR



ADDRESS (Street or P.O. Box, Apartment No., City, State and ZIP Code)

60 NELSON ST. COR. CENTER

AT

150 Park Row, New York, NY 10007

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

JULIO MONTANO  
Registered No. 34862-CBA  
Metropolitan Corr. Center  
150 Park Row  
New York, NY 10007

Number of process to be served with this Form - 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service).

Fold

Fold

Defendant is a correction officer employed at MDC who was  
On duty on 5 South on December 23, 2013.

Signature of Attorney or other Originator requesting service on behalf of:

 PLAINTIFF  
 DEFENDANT

TELEPHONE NUMBER

DATE

01-17-2014

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.

(Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

District of Origin  
No. \_\_\_\_\_District to Serve  
No. \_\_\_\_\_

Signature of Authorized USMS Deputy or Clerk

Date

1/14/14

I hereby certify and return that I  have personally served  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).

Name and title of individual served (if not shown above)

A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service  01/14 Time  17:00 am  
 pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges  
(including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal

COPY RECEIVED

Serve copy at U.S. Attorneys Office

86 Chambers St, 3rd FL, NY, NY

David Loutson

14-1345-1, 2, 3

REMARKS:

Legal Technician/ Clerk  
Date Served  1/14/14

US ATTORNEY'S OFFICE

SERVED BY CERTIFIED MAIL

SERT#

PRIOR EDITIONS

MAY BE USED

DATE MAILED

795540547

2. USMS RECORD

FORM USM-285 (Rev. 12/15/80)

(Instructions Rev. 12/08)

9/20/14

14-1345-1, 2, 3

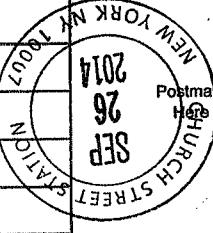
<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</li> <li><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature <b>X</b></p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <b>S</b> C. Date of Delivery <b>Jul 01 2014</b></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <b>Attala, MS</b> <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p><i>The Attorney General Department of Justice Washington, DC 20530</i></p>		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label) <b>7002 2030 0007 9554 0547</b></p>			

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

<b>U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)</b>	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
7002 2030 0007 9554 0547	Postage \$
	Certified Fee
	Return Receipt Fee (Endorsement Required)
	Restricted Delivery Fee (Endorsement Required)
	Total Postage & Fees \$
<p><i>Sent To</i> <b>THE ATTORNEY GENERAL</b>  <i>Street, Apt. No., or PO Box No.</i> <b>DEPT. OF JUSTICE</b>  <i>City, State, ZIP+4</i> <b>WASHINGTON, D.C. 20530</b></p>	
See Reverse for Instructions	


  
 NEW YORK NY 10001  
 SEP 26 2014  
 Postmark Here  
 THURCH STREET STATION

PS Form 3800, June 2002